

# COPY

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application No.	09/652,284
Filing Date	31 August 2000
First Named Inventor	Choong
Examiner Name	M. Tran
Group Art Unit	1639
Attorney Docket No.	A-70203

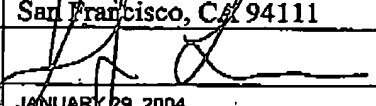
### ENCLOSURES (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge fees to Deposit Account No. 502319 (Order No. 469008-137 (A-70203)/RMS/JML.<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53<br><input type="checkbox"/> Supplemental Information Disclosure Statement; PTO 1449<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, No. of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><input type="checkbox"/> RETURN POSTCARD |
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#### Calculation of Fees

Extension of Time (3 months)	\$950
<b>Total</b>	<b>\$950</b>

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jennifer M. Lane, Patent Agent, Reg. No. 51,916, for Robin M. Silva, Reg. No. 38,304 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111	Telephone: 415 781 1989 Fax: 415 398 3249
Signature		
Date	JANUARY 29, 2004	

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450, on this date:

JANUARY 29, 2004

Typed or printed name MARIA CIGANOVICH

Signature 